**Partial Notes from mini-review with Prof. Mahmood  
NOTE: This isn’t a study guide/outline, I only wrote bullet notes when topics were elaborated during the discussion – the remaining topics were just acknowledged**

* Some functions require more than 1 branch of the ANS
  + Erection = PSNS
  + Ejaculation = SNS
* Less focus on drugs, more focus on actions
  + That said, we should still be familiar with drugs listed on our blueprint

*(Sorry, I wasn’t there for the beginning of the session)*

Strategies for reducing medical errors 2

Categories of medication errors 2

* Know category A-D (and possibly I)

Importance of policies and procedures 1

The impact of medication errors 1

Reporting and documenting medication error 1

Documenting in the patient’s medical record/importance 1

* Why is documenting important?
  + The safety of the patient
  + In case of error, using the information to prevent error recurrence (i.e. discussing the error in a Risk Assessment committee)

Medication errors 1

**Chapter 13**

Autonomic nervous system 1

Sympathetic nervous system 1

Adrenergic receptor activation/agonist 2

Adrenergic antagonist 1

Beta Agonist/use 1

Beta blockers/precautions 2

* When people have Hypertension it is primarily treated with beta blockers

Beta blockers atenolol, metaprolol (selective)/adverse effects 2   
Beta blockers (non-selective) propranolol/adverse effects 1  
Anti-cholinergic drug/contraindication 3 Cholinergic agonist/side effect/myasthenia gravis 1

**Chapter 18**

Nonpharmacological Techniques for Pain Management 2

* Be familiar with the list on p. 219
* Radiation therapy (mentioned in the last paragraph of that section) is considered Nonpharmacological (obviously, chemotherapy is pharmacological)

Neural Mechanism of control/Substance P / Aδ and C fiber 3

* Know how substance P works
  + Controls whether pain signal reaches the brain
* Aδ vs. C fibers – faster vs. slower, respectively

Treatment for opioid dependence 1

* Methadone does not give symptom of euphoria, so it treats the addiction, but it also protects against withdrawal symptoms to allow the patient to regain function

Narcotic: Morphine/mechanism of action/side effects 2

* Are there several opioid receptors? Yes, but kappa and mu are the most important
* KNOW HOW MORPHINE WORKS

Opioid Antagonist action/mechanism 1

* Know that it’s used to treat acute opioid intoxication

Pharmacotherapy with NSAIDS 1

* What is COX?

Classisication of Opioid receptor 1

Opioid adverse effects 1

Migraine Headache? 1

Migraine Headache/Sumatriptan/Adverse effect 1

**Chapter 33**

Role of chemical mediators in inflammation 1

* Know that mast cells produce histamine

NSAIDs/labs to monitor/maximum dose 2

* Maximum doses
  + Aspirin = 4g (4,000mg)/day
  + Ibuprofen = 3.2g (3,200mg)/day
  + Naproxen = 1g (1,000mg)/day

Treating acute or severe inflammation with glucocorticoid/adverse effect 2

Fever/Acetaminophen/mechanism of action 1

* Maximum dose (just in case) is 4g (4,000mg)/day
* Remember that acetaminophen has a low therapeutic index – this is very important for toxicity issues